ADDENDUM 2

On March 31, 2016, the New Hampshire Department of Health and Human Services published a Request for Proposal (RFP) seeking competitive proposals, from responsible and qualified Bidders, for the implementation of the Premium Assistance Program Evaluation Plan found in Appendix F of the RFP. The evaluation is a required element of the Department of Health and Human Services' New Hampshire Health Protection Program (NHHPP) Premium Assistance Demonstration, Section 1115 Medicaid Demonstration Waiver, #11-W-00298/1

This Addendum #2 is issued to:

1. **Delete Section 2 through 5 of the RFP and replace it with the language in pages 2 through 11 of this Addendum.**

2. **Delete Section 9, Additional Information, and replace it with:**

9. ADDITIONAL INFORMATION

9.1 Appendix A – Exceptions to Terms and Conditions

9.2 Appendix B – Contract Minimum Requirements

9.3 Appendix C – Project Staff List

9.4 Appendix D – CLAS Requirements

9.5 Appendix E – Special Terms and Conditions

9.6 Appendix F – Premium Assistance Program Evaluation Plan

9.7 Appendix G – Reporting Timeframes

3. **Insert Appendix G, Reporting Timelines (see page 12 of this Addendum)**

2. BACKGROUND AND REQUIRED SERVICES

2.1. New Hampshire Health Protection Program

In 2014, the New Hampshire Legislature passed Senate Bill 413 which authorized the New Hampshire Health Protection Program (NHHPP) to expand Medicaid to Adults age 19 to 64. Coverage began in August of the same year and, as of March 1, 2016, the NHHPP was providing coverage to over 49,000 beneficiaries**.**

The enabling legislation required that nearly all beneficiaries would first be covered under the State's existing Medicaid managed care program and then transitioned on January 1, 2016 to a Premium Assistance Program, wherein Medicaid funds would be used to purchase private coverage on the health insurance marketplace and the Medicaid program would provide wrap-around services as needed.

2.2. NHHPP - Premium Assistance Program

Under the authority granted through the Section 1115 waiver, beginning January 1, 2016, non-medically frail NHHPP beneficiaries transitioned to the State's Premium Assistance Program (PAP). Under the PAP program, beneficiaries receive premium assistance to purchase health coverage from Qualified Health Plans (QHPs) in the health insurance marketplace. Any benefit that QHPs do not cover, that are included in the State's approved alternative benefit plan for the NHHPP population, are covered by NH Medicaid (e.g. Non-emergency medical transportation, vision, and limited dental). As of March 1, 2016, over 38,000 beneficiaries were receiving benefits through the PAP program.

The goals of the PAP Demonstration Project are:

- Continuity of coverage – for individuals whose incomes fluctuate above the NHHPP income limits or through gaining or losing employer sponsored insurance, during the waiver period, the PAP Demonstration will permit continuity of health plans and provider networks;
- Plan variety – the PAP Demonstration will encourage Medicaid Care Management carriers to offer QHPs in the Marketplace, in order to retain Medicaid market share, and will encourage QHP carriers to seek Medicaid managed care contracts (currently one Medicaid Care Management plan also operates as a QHP);
- Cost-effective coverage – the premium assistance approach will increase QHP enrollment and may result in greater economies of scale and competition among QHPs; and
- Uniform provider access – beneficiaries in the PAP Demonstration will receive comparable access to primary, specialty, and behavioral health care services as the access afforded to the general, commercially insured, population in New Hampshire.

2.3. Premium Assistance Program Evaluation

DHHS' CMS-approved NHHPP PAP Demonstration Waiver Evaluation Plan is built on monitoring both process and outcome performance measures that increase in number over the three years for the waiver due to data varying in collection, processing, and finalization cycles. This increase in available evaluation data over time means that the data available towards the end of 2016 (i.e., first year of the NHHPP PAP) will not be complete and should be considered a first approximation for the first set of monitoring measures, rather than definitive results.

The core purpose of the Evaluation Plan is to determine the costs and effectiveness of the NHHPP PAP, when considered in its totality, and taking into account both initial and longer term costs and other impacts, such as improvements in service delivery and health outcomes. The evaluation will explore and explain the effectiveness of the Demonstration by addressing a range of hypotheses that connect to the goals of the project.

Included in the evaluation will be examinations of NHHPP PAP performance on a set of access and clinical quality measures against a comparable population in the New Hampshire Medicaid Care Management Program. The State will also compare costs (i.e., total, administrative, and medical) under the Demonstration to costs under the Medicaid Care Management Program.

The results of the evaluation will be prepared and report results compared to the goals of the program. A series of reports with varying periodicities will be provided to CMS in alignment with the Special Terms and Conditions of the approval of NH's Section 1115 Demonstration, entitled "New Hampshire Health Protection Program (NHHPP) Premium Assistance Demonstration." The Special Terms and Conditions can be found in Appendix E.

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3. STATEMENT OF WORK

3.1. Covered Populations and Services

The study population consists of all beneficiaries covered under Title XIX of the Social Security Act in the state of New Hampshire, from 19 years through 64 years of age who are not medically frail, incarcerated, or enrolled in cost-effective employer sponsored insurance.

3.2. Scope of Services

3.2.1. Conduct Evaluation

3.2.1.1. The Contractor shall conduct an evaluation of the NHHPP PAP utilizing the the CMS-approved Evaluation Plan found in Appendix F. The Contractor shall ensure that all activities described in the Evaluation Plan shall be conducted by the Contractor in compliance with the Evaluation Plan.

3.2.1.2. The Contractor shall support DHHS in complying with CMS General Reporting, Evaluation, and Monitoring requirements, as outlined in the Special Terms and Conditions (STC), found in Appendix E, of the CMS approval of NH's Section 1115 Demonstration, entitled "New Hampshire Health Protection Program (NHHPP) Premium Assistance Demonstration."[1]

Q1. Describe in detail the Bidder's experience, expertise, and knowledge in evaluating publicly-funded health care services and programs, including the Bidder's understanding and experience as applied to Medicaid 1115 waivers. Specifically, the description must address the Bidder's experience in:

- Performing quantitative and qualitative evaluation of large-scale public assistance programs;
- Analyzing Medicaid program administrative data, including enrollment, provider, cost and service utilization data;
- Performance measure calculation and analysis;
- Actuarially assessing waiver budget cost neutrality; and
- General understanding of Federal and state Medicaid policy, and specific understanding of policy changes related to the NH Health Protection Program and the Federal Affordable Care Act.

Q2. Bidders must provide proof of conducting a minimum of two (2) Medicaid 1115 waiver or similar evaluation projects performed for private, state or large local government clients within the last five years. The Bidder shall include, at minimum:

- Name, address, telephone number, and website of the customer;
- A description of the work performed under each contract;
- A description of the nature of the relationship between the Bidder and the customer;
- Name, telephone number, and e-mail address of the person whom DHHS can contact as a reference; and
- Dates of performance.

[1] https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nh/nh-health-protection-program-premium-assistance-ca.pdf

3.2.2. Data Sources and Collection.

DHHS will provide the Contractor with data from the following sources to perform the evaluation. The Contractor shall work with DHHS to assure that appropriate data use agreements are in place to obtain these data. The Contractor shall be expected to review, analyze, and organize these data. The Contractor shall ensure the secure storage of the DHHS-provided data, and Secure File Transfer Protocols shall be followed in the transfer of data. The Contractor shall ensure all data, and any copies thereof, is returned to DHHS upon DHHS request, or no later than contract expiration, whichever occurs first, unless otherwise instructed by DHHS to destroy copied data. Data format shall comply with that described in the Evaluation Plan:

3.2.2.1. New Hampshire's Comprehensive Health Care Information System (CHIS), NH's all payer claims database—commercial data, NH Medicaid (standard and managed care) data and QHP data. The CHIS data source only includes claims for patients with a health insurance payer;

3.2.2.2. New Hampshire's Medicaid Management Information System (MMIS)—fee for service and MCO encounter data;

3.2.2.3. All-payer Hospital Data;

3.2.2.4. New Hampshire Medicaid financial data;

3.2.2.5. CAHPS results for the baseline of newly eligible members of the Bridge Program, provided by DHHS. All other CAHPS survey results required for the evaluation shall be collected by the Contractor using a CAHPS certified vendor.

Q3. Describe the bidder's approach to obtaining, reviewing, storing and analyzing the data sources described in the evaluation plan for the PAP Demonstration Waiver. Description must include any specific software and subcontractors that will be utilized.

Q4. Please describe the Bidder's process to receive and protect the data, and the process the Bidder intends to utilize to ensure the data is destroyed when the contract expires.

3.2.3. Measure Calculation

The Contractor shall calculate all measures in the Evaluation Plan. Calculations shall utilize all analytical methods outlined in the Evaluation Plan with a rigor meeting research standards of leading academic institutions and academic journal peer review.

3.2.3.1. As part of measure calculation the Contractor shall administer two CAHPS surveys in the first part of 2017 and 2018 harmonized with the timeframes of Medicaid Managed Care Organization CAHPS surveys. The CAHPS survey shall include questions necessary for the evaluation.

Q5. Describe the Bidder's approach to calculating the performance measures in the Evaluation Plan for the PAP Demonstration Waiver evaluation. Response must include the Bidder's approach to using all analytical methods outlined in the Evaluation Plan, including the approach to required CAHPS surveys.

3.2.4. Reporting

The Contractor shall prepare and deliver the following reports to DHHS according to the schedule found in Exhibit G:

3.2.4.1. **Quarterly Reports for CMS (STC 80) –** The Contractor shall report quarterly on the progress of evaluation activities. The reports shall provide sufficient information for CMS to understand implementation progress of the demonstration and whether there has been progress toward the goals of the demonstration, including the reports will document key operational and other challenges, to what they attribute the challenges and how the challenges are being addressed, as well as key achievements and to what conditions and efforts they attribute the successes. The Contractor shall submit quarterly report drafts no less than two calendar weeks prior to the CMS deadline for DHHS review. The first quarterly report the Contractor will be responsible for is for the July to September 2016 period;

3.2.4.2. **CAHPS Reports –** The Contractor shall develop a stand-alone CAHPS report for each of the surveys outlined in section 3.2.3.1 following the timeframes for CAHPS survey's conducted by the NH Medicaid Managed Care Organizations;

3.2.4.3. **Rapid Cycle Reports to CMS (STC 82) –** The Contractor shall develop a rapid cycle reporting consistent with the Evaluation Plan. Two (2) months prior to the CMS deadline, the Contractor shall submit to DHHS an outline of the report, and no less than thirty (30) calendar days prior to the CMS deadline, the Contractor shall submit to DHHS a draft of the report;

3.2.4.4. **Interim Evaluation Report for CMS (STC 70) –** The Contractor shall develop an interim evaluation report that includes the same core components as the Final Summative Evaluation Report. The Contractor shall submit a detailed outline of this report to DHHS at least six (6) months prior to the CMS deadline. The Contractor shall submit the first draft of the report to DHHS no less than three (3) months prior to the CMS deadline of 90 days following the completion of year two of the demonstration;

3.2.4.5. **Summative Evaluation Report for CMS (STC 71)** – The Contractor shall develop a report that includes analysis of data from the Demonstration. The Contractor shall submit to DHHS a detailed outline of this report at least six (6) months prior to the CMS deadline. The Contractor shall submit the first draft of the report to DHHS no less than three (3) months prior to the CMS deadline of 180 days following the completion of year three of the demonstration;

3.2.4.6. **Final Summative Evaluation Report for CMS (STC 72)** – The Contractor shall develop a final summative evaluation report. The Contractor shall submit the first draft of the report to DHHS no less than three (3) months prior to the CMS deadline of 360 days following the completion of year three of the demonstration. The report shall include the following core components:

a. Executive Summary;
b. Demonstration Description;
c. Study Design;
d. Discussion of Findings and Conclusions;
e. Policy Implications; and
f. Interactions with Other State Initiatives;

3.2.4.7. **CMS Comments –** DHHS will provide CMS comments to the Contractor. The Contractor shall provide drafts to DHHS in response to CMS comments on all reports no less than fifteen (15) calendar days prior to the CMS deadline for responses;

3.2.4.8. **Analytic and Summary Data Files –** The Contractor shall provide DHHS with its summary and analytic data files used to conduct the evaluation upon request. These files shall be organized, clearly labeled, and accompanied by a data dictionary; and

3.2.4.9. **CMS Presentations –** The Contractor, in coordination with DHHS, shall present the interim, summative and all other requested evaluation reports to CMS during the timeframes of the contract. DHHS will notify the Contractor of CMS requests for presentations.

Q6. Describe the Bidder's approach to completing the reporting outlined in this RFP for the PAP Demonstration Waiver.

3.2.5. Project Management and Support

3.2.5.1. The Contractor shall provide a work plan, no later than 30 calendar days after the beginning of the contract. The work plan shall address all activities in the contract including:

a. All related and accompanying tasks;
b. Timeframes for completion; and
c. Identification of the responsible party (i.e., DHHS or the Contractor);

3.2.5.2. The Contractor shall host weekly conference calls with DHHS staff throughout the project. Upon mutual agreement of the parties, more or less frequent calls may be scheduled.

3.2.5.3. The Contractor shall participate in conference calls with CMS as needed.

3.2.5.4. The Contractor shall provide written monthly progress status reports to DHHS, including but not limited to: accomplishments, tasks currently being addressed, open issues, updated decision log.

3.2.5.5. The Contractor shall respond, via email, to all inquiries from DHHS in no later than two (2) business days.

Q7. Bidders must provide a timeline of milestones for the completion of project deliverables and the tasks necessary to accomplish each deliverable, including review of data, analysis, and final reporting for a final, 3-year PAP Demonstration Waiver.

3.3. Staffing

3.3.1. Minimum Staffing Requirements

3.3.1.1. The Contractor shall provide adequate numbers of professionally qualified staff to perform all required contracted services. The Contractor shall guarantee that all personnel providing the services required by the Contract are qualified to perform their assigned tasks and possess the appropriate professional certification and licensing that may be required by state and federal laws, rules and regulations;

3.3.1.2. DHHS shall be advised of, and approve in writing, any permanent or temporary changes to or deletions from the Contractor's management, supervisory, and key professional personnel, who directly impact the provision of required services;

3.3.1.3. Contractor shall ensure that it has qualified staff to conduct all contracted activities, and shall assign the following personnel, at minimum for the duration of this Agreement:

a. Project Manager to oversee all of the activities of the contract with DHHS, to oversee and fulfill the requirements in subsection 3.2.5. Project Management and Support, and to be the primary point of contact for all DHHS inquiries and requests for responsive action;
b. Technical staff to provide oversight and expertise with information technology systems and processes;
c. Actuarial staff to produce the cost neutrality evaluation; and
d. Reporting staff to compile, prepare and draft technical reports for publication in accordance with the terms of this agreement; and
e. Staff to manage and develop work plans for all reports required under this agreement (this responsibility may be incorporated into one or more positions referenced above if not otherwise separately allocated).

Q8. Provide a description of key staff that will conduct and manage the program evaluation. Include a description of staff roles related to the evaluation, staff qualifications and relevant experience, and complete Appendix C, Project Staff List. Biographies or curriculum vitae for all key staff must be provided.

3.4. Delegation and Subcontractors

3.4.1. Identification and Approval

3.4.1.1. The Contractor shall identify any and all subcontractors to be utilized in fulfillment of its contractual responsibilities. DHHS reserves the right to accept or reject the use of any subcontractor.

Q9. Describe in detail the subcontractors the Bidder proposes to utilize (if any) in support of meeting the contractual requirements described in this RFP, including at minimum identifying the subcontractors, providing the contact information for the subcontractors, and identifying past experience working with the subcontractors.

3.5. Compliance with State and Federal Laws

3.5.1. General

3.5.1.1. The Contractor, its subcontractors, and any other providers with which they have Agreements with, shall adhere to all applicable federal and State laws, including subsequent revisions, whether or not included in this subsection [42 CFR 438.6; 42 CFR 438.100(a)(2); 42 CFR 438.100(d)].

3.5.1.2. The Contractor shall ensure that safeguards at a minimum equal to federal safeguards (41 USC 423, section 27) are in place, providing safeguards against conflict of interest [§1923(d)(3) of the SSA; SMD letter 12/30/97].

3.5.1.3. The Contractor shall comply with the following Federal and State Medicaid Statutes, Regulations, and Policies:

a. Medicare: Title XVIII of the Social Security Act, as amended; 42 U.S.C.A. §1395 et seq.;

b. Related rules: Title 42 Chapter IV;
c. Medicaid: Title XIX of the Social Security Act, as amended; 42 U.S.C.A. §1396 et seq. (specific to managed care: §§ 1902(a)(4), 1903(m), 1905(t), and 1932 of the SSA);
d. Related rules: Title 42 Chapter IV (specific to managed care: 42 CFR § 438; see also 431 and 435);
e. Children's Health Insurance Program (CHIP): Title XXI of the Social Security Act, as amended; 42 U.S.C. 1397;
f. Regulations promulgated thereunder: 42 CFR 457;
g. Regulations related to the operation of a waiver program under 1915c of the Social Security Act, including: 42 CFR 430.25, 431.10, 431.200, 435.217, 435.726, 435.735, 440.180, 441.300-310, and 447.50-57;
h. Patient Protection and Affordable Care Act of 2010;
i. Health Care and Education Reconciliation Act of 2010, amending the Patient Protection and Affordable Care;
j. State administrative rules and laws pertaining to transfers and discharges, such as RSA 151:26;
k. American Recovery and Reinvestment Act; and
l. All other relevant federal and state regulation.

3.5.1.4. The Contractor shall not release and make public statements or press releases concerning the program without the prior consent of DHHS.

3.5.1.5. The Contractor shall comply with the Health Insurance Portability & Accountability Act of 1996 (between the State and the Contractor, as governed by 45 C.F.R. Section 164.504(e)). Terms of the Agreement shall be considered binding upon execution of this Agreement, shall remain in effect during the term of the Agreement including any extensions, and its obligations shall survive the Agreement.

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4. FINANCE

4.1. Financial Standards

4.1.1. Finance Funding Sources

4.1.1.1. Funds to support the services solicited in this RFP are available from two funding sources, identified as follows:

a. 50% Federal Funds from the Centers for Medicare and Medicaid Services, Department of Health and Human Services, Medical Assistance Program, CFDA #93.778; and
b. 50% Non-Federal Funds

4.1.1.2. Funds must be used in accordance with the provisions of the CFDA numbers referenced in 4.1.1.1.; and in accordance with the Standard Terms and Conditions for the New Hampshire Health Protection Program (NHHPP) Premium Assistance Demonstration, Section 1115 Medicaid Demonstration Waiver, #11-W-00298/1.

4.1.2. Budget

4.1.2.1. The Contractor shall provide services under this contract based on an agreed upon Budget. The contract shall be a firm, fixed price contract, that reimburses the Contractor for expenses incurred in the fulfillment of the contract in accordance with the agreed upon budget.

NOTE: The final, negotiated budget(s) will be formally incorporated into the contract and binding upon the parties; any amendments thereto will require a written agreement by the parties in the form of a contract amendment, which may be subject to Governor and Executive Council approval and at minimum shall be subject to Attorney General approval.

4.1.2.2. Budgets must contain, at minimum, the following budgetary lines: salaries/wages, travel, subcontractors, other, and indirect costs.

NOTE: Bidders must include a Budget Narrative in the Cost Proposal. The Budget Narrative must provide justification for the proposed costs, by line item, in the budget(s).

4.1.3. Invoicing

4.1.3.1. The Contractor shall invoice DHHS monthly for services performed in accordance with the contract. The Contractor shall ensure DHHS receives the applicable invoice within thirty (30) days following the end of the month in which services were provided.

4.1.4. Financial Management

4.1.4.1. The Contractor shall designate a contact person to resolve any questions or discrepancies regarding invoices. The Contractor shall provide DHHS with the name, title, telephone number, fax number and email address of the contact person. The Contractor shall also notify DHHS in the event of a change of the designated contact person.

4.1.4.2. DHHS shall provide the Contractor with the name, title, mailing address, and telephone number of the corresponding DHHS contact person. DHHS shall notify the Contractor in the event of a change in the designated contact person.

5. PROPOSAL EVALUATION

5.1. Technical Proposal – 300 points

5.1.1. Proposal Narrative, Project Approach and Technical Response

Questions to be Scored	Maximum Points Available
Bidder's Experience (Q1-Q2)	50
Data Sources and Collection (Q3-Q4)	50
Measurement Calculation (Q5)	50
Reporting (Q6)	50
Project Management and Support (Q7)	50
Staffing and Subcontracting (Q8-Q9)	50
Total	300

5.2. Cost Proposal – 200 points

Item	Maximum Points Available
Budget	150
Budget Narrative	50
Total	200

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APPENDIX G

Reporting timeframes for a NHHPP PAP Demonstration Waiver

	CMS Special Terms & Conditions (STC) #	Outline Due to DHHS from Contractor	Due to DHHS from Contractor	Due to CMS from DHHS
Quarterly Evaluation Reports	80		1st Report – 30 days prior to due date. Ongoing – 15 days prior to due date.	30 days after the quarter
CAHPS Medicaid Adult Survey Results Report	N/A	N/A	June 30th	N/A
Rapid Cycle Reports	82	60 days prior to CMS deadline	30 days prior to CMS deadline	TBD
Interim Evaluation Report	70	10/1/2017	1/1/2018	3/31/2018
Summative Evaluation Report	71	1/1/2019	3/31/2019	6/29/2019
Final Summative Evaluation Report	72		9/30/2019	12/31/2019